

TO BE NOTARIZED

REFORMAT IF NECESSARY AND PRINT ON LETTERHEAD STATIONARY

UNITED STATES OF AMERICA
STATE OF
COUNTY OF

_____ (first and last name), being duly sworn,
declares and says that he/she is a funeral director duly licensed by the State
of _____ and that he/she operates a funeral home at _____
(insert address) that supervised the preparation of the remains of _____ (name
and lastname of deceased) for shipment to Italy, and that he/she certifies and swears that
the body was cremated by the _____ (name of funeral home) located in
_____ (city, state), on _____ (date). The ashes have
been enclosed in a cinerary urn with the name, date of birth and date of death of the
deceased, the cinerary urn has been placed in a wooden box, the outside of the box bears a
plaque with the name of the deceased.

The remains will be consigned to(name of receiving Funeral Home in Italy)
And will be transported(by air, land, or sea)
Departing..... (city, state) at.....(time)
On or about(date)
Arriving.....(city, province in Italy) at.....(time)
On or about(date)
Entombment will be in(name of Cemetery, city, province in Italy)

Deponent finally states that this shipment has no commercial value and to the best of
his/her knowledge and belief meets the shipping requirements of transportation of remains
to Italy.

Date,
Signed _____
Subscribed to and sworn before me (signature of Notary Public)
This _____
(Seal of notary public)